## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

108075-00/2

| CLAIMS AS FILED - PART I                                                                                                                                                                                           |                    |                                           |                |                                      |                  |                  |       | SMALL ENTITY   |                        |                    | OTHER THAN   |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|----------------|--------------------------------------|------------------|------------------|-------|----------------|------------------------|--------------------|--------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                       |                    |                                           | (Column 1)     |                                      | (Column 2)       |                  | Ì     | TYPE           |                        | OR                 | SMALL ENTITY |                        |  |
|                                                                                                                                                                                                                    |                    |                                           | 7              |                                      |                  |                  |       | RATE           | FEE                    | _                  | RATE         | FEE                    |  |
| <u> </u>                                                                                                                                                                                                           | OR                 |                                           | NUMBER FILED   |                                      | NUMBER EXTRA     |                  |       | BASIC FE       | E 385.00               | OR                 | BASIC FEE    | 770.00                 |  |
| T                                                                                                                                                                                                                  | OTAL CHARGE        | ABLE CLAIMS                               | 9 minus 20=    |                                      | • 🛇              |                  |       | XS 9=          |                        | OR                 | X\$18=       | -                      |  |
| Ь—                                                                                                                                                                                                                 | DEPENDENT C        |                                           | <del></del>    | inus 3 =                             | . 0              |                  |       | X43=           |                        | OR                 | X86=         | -                      |  |
| MULTIPLE DEPENDENT CLAIM PRESEN                                                                                                                                                                                    |                    |                                           |                |                                      |                  |                  |       | +145=          | ·                      | OR                 | ÷290= ·      | -                      |  |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                           |                    |                                           |                |                                      | "0" in (         | column 2         |       | TOTAL          | <u> </u>               | OR                 | TOTAL        | 190                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                        |                    |                                           |                |                                      |                  |                  |       |                | <u> </u>               |                    | OTHER        | <del></del>            |  |
|                                                                                                                                                                                                                    | <del></del>        | <del></del>                               | (Colum         | nn 2)                                |                  |                  | SMALL | ENTITY         | OR                     | SMALL              |              |                        |  |
| AMENDMENT A                                                                                                                                                                                                        |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY      | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE |                    | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                    | Total              | *                                         | Minus          | **                                   | . <u></u>        | =                |       | XS 9=          |                        | OR                 | X\$18=       |                        |  |
| AME                                                                                                                                                                                                                | Independent        | *                                         | Minus          |                                      |                  | =                |       | X43=           |                        | OR                 | X86=         |                        |  |
|                                                                                                                                                                                                                    | FIRST PRESE        | ENTATION OF MI                            | JLTIPLE DEI    | PENDENT                              | CLAIM            |                  |       | +145=          |                        |                    | +290=        |                        |  |
|                                                                                                                                                                                                                    |                    |                                           |                |                                      |                  |                  | į     | TOTAL          |                        | OR                 | TOTAL        |                        |  |
|                                                                                                                                                                                                                    |                    | (0-1, 1)                                  | •              |                                      | <b>.</b> .       |                  | A     | ADDIT. FEE     | <u> </u>               | OR,                | ADDIT. FEE   |                        |  |
|                                                                                                                                                                                                                    |                    | (Column 1)<br>CLAIMS                      | <u> </u>       | (Colum<br>HIĞHE                      |                  | (Column 3)       | ı     |                | 155:                   | 1 r                | <del></del>  |                        |  |
| AMENDMENT B                                                                                                                                                                                                        |                    | REMAINING<br>AFTER<br>AMENDMENT           |                | NUMB<br>PREVIO<br>PAID F             | USLY             | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE |                    | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                    | Total              | *                                         | Minus          | **                                   |                  | =                |       | X\$ 9 <b>⇒</b> |                        | OR                 | X\$18=       |                        |  |
| AME                                                                                                                                                                                                                | Independent        | *                                         | Minus          | ***                                  | <u>-</u> _       | =                |       | X43=           |                        | OR                 | X86=         |                        |  |
|                                                                                                                                                                                                                    | FIRST PRESE        | NTATION OF MU                             | ILTIPLE DEF    | PENDENT                              | CLAIM            |                  |       | +145=          |                        | OR                 | +290=        | <del> </del>           |  |
|                                                                                                                                                                                                                    |                    |                                           |                |                                      |                  |                  | L     | TOTAL          |                        |                    | TOTAL        |                        |  |
|                                                                                                                                                                                                                    |                    | (Column 1)                                |                | (Colum                               | n 2) ·           | (Column 3)       | А     | DDIT. FEE      |                        | 10                 | NDDIT. FEE   |                        |  |
| AMENDMENT C                                                                                                                                                                                                        |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE |                    | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                    | Total              | *                                         | Minus          | **                                   |                  | = .              |       | X\$ 9=         | ,                      | OR                 | X\$18=       | <u> </u>               |  |
| ME                                                                                                                                                                                                                 | Independent        |                                           | Minus          | ***                                  |                  | =                | -     | X43=           |                        | ŀ                  | X86=         |                        |  |
|                                                                                                                                                                                                                    | FIRST PRESE        | NTATION OF MU                             | LTIPLE DEP     | ENDENT (                             | CLAIM            |                  | -     | 740=           |                        | OR                 | A00=         |                        |  |
| * If                                                                                                                                                                                                               | the entry in colum | nn 1 is loce than the                     | entry in colum | nn 2                                 | 0" i= =='        |                  |       | +145=          |                        | OR                 | +290=        |                        |  |
| " " " " " " " " " " " " " " " " " " "                                                                                                                                                                              |                    |                                           |                |                                      |                  |                  |       |                |                        | TOTAL<br>DDIT. FEE |              |                        |  |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                    |                                           |                |                                      |                  |                  |       |                |                        |                    |              |                        |  |